

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 20/09/2022 14:10 (SGT)
Reported by Both
Date of Accident 19/09/2022 17:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information 411 SEMBAWANG ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FC3311X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMMAD RIDHUAN BIN MOHAMMAD AKHBAR
NRIC No S9346811B
Email Address WANADV99@GMAIL.COM
Mobile Phone No (Phone) +65-90677684
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model SUPER TENERE
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Manual
CC 1200

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5103867826-03

DRIVER

Name of Driver MOHAMMAD RIDHUAN BIN MOHAMMAD AKHBAR
NRIC No S9346811B
Date Of Birth 18/12/1993
Occupation Indoor

Date Of Driving Pass	25/01/2017
Driving experience	5 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90677684
Alt. Phone Number	-
Email Address	WANADV99@GMAIL.COM
Address	BLK 430A #12-372 YISHUN AVENUE 11
Address complement	-
Postcode	761430
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 19092022 AT 1745HRS I HAD PARKED MY VEHICLE OUTSIDE UNIT 411 SEMBAWANG ROAD. I WAS INSIDE A SHOP THERE BUYING GROCERIES. I THEN HEARD A LOUD CRASH SOUND. I RUSHED OUT OF THE SAID UNIT TO INSPECT AND FOUND THAT MY VEHICLE WHICH WAS STATIONARY OUTSIDE WAS LYING ON THE GROUND. BEHIND IT WAS A CAR BEARING LICENSE PLATE SLS676H. NO ONE WAS INJURED IN THIS INCIDENT AND I AM FILING MY REPORT WITH INCOME INSURANCE TO FACILITATE MY THIRD PARTY CLAIMS AGAINST THE CARS INSURANCE POLICY.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS676H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	RAQUEL LEE SU HUI
NRIC No	S9405044H
Contact Number	(Phone) +65-91161492
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Describe Circumstance of the Accident

REFER TO GEARS REPORT FOR ACCIDENT
STATEMENT

Declaration

I/We declare the foregoing particulars are true in every respect.

20/09/2022
1400HRS

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date
& TimeSUMAN SUKUMAR
S990968Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


20/09/2022
1400HRS
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time


SUMAN SUKUMAR
S990968
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

